

Meeting of Governor's Commission on Suicide Prevention

May 22, 2017 1:00 P.M. – 3:00 P.M.

Behavioral Health Administration Headquarters
Spring Grove Hospital Center, Dix Building, Basement
Catonsville, MD 21228

Commission Members Present:

Jennilyn Landbeck	Family Member
Christina Drushel Williams	Governor's Office for Children
Bob Tousey	Faith Community
Linnette Rivera	Department of Disabilities
Amanda Celentano	Department of Aging
Randall Nero	Department of Public Safety and Correctional Services
Holly Wilcox	Academic Community (Johns Hopkins)
Deborah Nelson	Maryland State Department of Education

On phone:

Gregory Branch	Local Health Officer
Shenetta Mallicia	Suicide Prevention Group (Empowerment Essence)
Lisa Covington	

Behavioral Health Administration (BHA) Staff:

Kathy Rebbert-Franklin	Health Promotion and Prevention, Director
Mary Viggiani	Health Promotion and Prevention, Assistant Director
Barry Page	Health Promotion and Prevention
Laura Burns-Heffner	Health Promotion and Prevention
Carolyn Miller	Health Promotion and Prevention, Consultant
Anna Barefoot	BHA, Chief of Staff

Greetings and Introductions —Kathleen Rebbert-Franklin:

Kathleen welcomed members and guests to the Commission meeting. Commission member introductions followed.

Corrections or changes to minutes:

None given, minutes from 3/20/17 will stand as final.

Changes to leadership of the Commission:

Kathleen announced the resignation of Al Zachik, BHA as Chair of the Commission, and the Governor's subsequent appointment of Robert Tousey (Bob) as the new Chair. Responsibilities for suicide prevention have been shifted to the Division of Health Promotion and Prevention,

however, Al is still available to serve as a resource to the Commission.

Comments from the Chair:

Bob expressed his gratitude to Al Zachick for his work as former Chair of the Commission, and wished him well with his new responsibilities within BHA.

The Chair can appoint committees and task forces of individuals not appointed to commission. Bob stated he would like for us to set up temporary task forces to accomplish specific goals. Faith community, veterans, law enforcement would all be potential representatives.

There is a free Health fair Saturday June 4th at Centennial Park, Columbia MD, 10-3, Bob is requesting Commission members participate with materials, etc., good opportunity to recruit more individuals. He will send out email for volunteers, and collection of materials for a table.

Bob would like to coordinate with Shenetta regarding social media initiatives and recommends she chair a taskforce in this area. BHA is still in the process of attempting to track down access to Suicide Prevention Facebook and Twitter accounts.

Reviewed purpose of meeting, need to re-group and determine if the goals and strategies of the previous Strategic Plan are still relevant, doable. How to accomplish? Possible Listening tours? The Executive order fairly broad scope of authority, ability to change direction as needed.

Request for thoughts on what Commission can do, should do? What Commissioners can bring to the table?

Maryland State Department of Education (MSDE) - has a mental health committee and sex trafficking committee currently, willing to share efforts, suicide plan not specific to school age, important to retain that focus.

Maryland Department of Disabilities (MDOD)—Representative is in a new position at MDOD. Many needs within the population, serving on 10 councils, suicide prevention effects all 10. Looking to see what resources exist in the state, willing to share information and resources from other councils as well. Have question about the number of crisis hotline numbers, purpose and availability of numbers. BHA provided clarification on the 1-800-422-0009 Maryland Crisis Hotline number and how it works. Representative presented information on a Program presented at Grassroots, (Question, Persuade and Refer). Recommend as good community resource. Happy to help with listening tours.

Governor's Office for Children (GOC) - Representative Chairs Children's Cabinet, sees some duplication, but good way to coordinate efforts and share information. Has access to LMBs in every county and city. Great resource for listening tours, regional training, feedback from all counties etc. Advisor to MD Youth Advisory Council-designed to get youth voice to governor's office, mental health & substance use disorder are particular concerns.

Johns Hopkins- Biggest problem is lack of funding for prevention; need to rely on grants which are not sustainable. How we build processes in to our work is important to sustain efforts. How to better utilize health class? It's a missed opportunity to not give suicide prevention/interventions at that time. Encouraged by expansion of Lauren's law, can we implement other policies to protect citizens? *Exa., systematic follow-up on high risk patients.* Commission had a previous focus on data; can that be continued and expanded?

- Chair- We are 7 months prior to next legislative session-can we take available data and make it work for us in terms of recommendations for policy changes. Concerns expressed about lack of community based resources, insurance availability, other faith based or innovative resources.

Office of Aging- would also like to see focus on older adults and middle age. Specific sub-committee on Older Adults was discussed at last meeting; will there still be a focus on this population as well?

- Chair-Suggest we make resources available to funeral directors and law enforcement as they have secondary family members who are affected by initial suicide.
 - **Comment from participant regarding son's work as police officer.** Important to work with police, acknowledgements that police are getting a lot more information and resources for suicide prevention. First responders as well. Debriefing for secondary trauma is necessary.

Department of Public Safety and Correctional Services (DPSCS)- Representative is Director of Mental Health for Dept. of Corrections, as such oversees vendor for mental health services, all level of services until released. DOC has specified P&Ps, etc., guiding services. Can provide this information (behind the walls) on what is available, done, etc. regarding suicide prevention/intervention.

General Comment- Request for presentations on what each of the state agencies are providing in area of Suicide Prevention/Intervention.

Family Member-looking for information regarding what is available for families after a suicide completion-resources are not readily available, what helps, what hurts. Representative would like information on statewide text/chat services. Identified need for Maryland specific crisis text line. 741-741 text crisis line was given as an available resource, but is not a MD specific #, it's a national line, provided by Mental Health America. Flyer was shared regarding Nikki Perlow Foundation, Forest of Hope project

on September 16th, 2017 at Oregon Ridge. Asked who does training for MD state employees? Is there employee training for suicide prevention? MHA, Grassroots, have good training programs (Mental Health First Aid; Question, Persuade, Refer).

General Comment - regarding previously push for Grassroots app, how do we link all of these resources together? As a commission may be our job to pull these things together. Can use email between meetings to keep ideas flowing. Suggestion to ensure recommended interventions are evidence based?

Behavioral Health Administration (BHA) - interested in connections between SUD and suicide. Echo the need to learn what is out there so we are not duplicating, reinventing wheel. Need to break down silos between BHA and community organizations. What do we have currently? Another role may be to present EB practice around interventions.

Suicide Prevention Group, Empowerment Essence- would like focus on prevention aspects -Life Matters, You Matter programs. Working with housing programs currently, would like to open up workshops to libraries, other community organizations. For Social Media- suggest we promote a campaign on life matters, daily affirmations, PSA on Maryland Crisis Hotline, specifically looking for vignettes for individuals experiencing suicidal thoughts. Caution to keep an open mind to accept other interventions that may not be EB, such as those in the faith community.

General Comment - suggest next meeting be a call in meeting?

Announcement on SAMHSA grant, Zero Suicide Model. Grant intended for FQHCs, Behavioral Health providers or PC settings, due July 18th. Does not have to be a state applicant, primarily direct service grant. Announcement was sent out to Commissioners during meeting. Commission Chair will follow up within a week from today.

Question about the official State Suicide Plan deliverables, report, etc. what is happening with that?

Chair-Suggest we shoot for a revised plan to be done in fall. Plan was submitted to the Governor's office as 2016 plan, need a 2018 plan. Need due diligence review of plan.

- We do need to attend to plan, suggest review individually, will create a google doc for all to access to provide input, which can become a work plan. Basis for interim reports. May need to tweak current plan as necessary.
- Any substantial changes could be sent to the Governor by letter. Will check to see what requirements are regarding interim reports, etc. May have latitude to making course corrections without a formal announcement to Governor.

General Comment - on Importance of data, & media approach –suggest we pick up on where data left off?

Chair- Two task forces, Social Media and Data. Volunteers for Data include Kathy, Shennetta, Holly, and Deborah.

- There were two other committees or task forces mentioned, Older Adults and Veterans. What is status of these?

Chair- will issue invitations to people outside of commission to participate in task forces. There is value in having some standing committees as well.

Chair- Need to know what materials are currently available to us for health fairs, etc.. Have MCH Hotline materials at BHA, Empowerment Essence has promotional materials, will connect with Grassroots.

Reminder that we would like presentation from Justice System, Public Safety. (Randall)

Adjournment- The meeting was adjourned at 2:30 pm.